

Long Term Services and Supports

April 12, 2022



“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

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Program Introduction

Nursing homes were once the only choice for elderly or persons with disabilities who needed help caring for themselves.

Today there are many choices that allow individuals to live independently while receiving services and supports in their home or in the community.

Program Introduction

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- These programs are intended to allow beneficiaries to remain independent while providing home and community-based services.
- Many of these programs or waivers offer similar types of services. Providers are encouraged to review the [Comparison of Home and Community Based Long Term Care Programs](#) to help identify the differences between services.

PACE

Program of All-Inclusive Care for the Elderly

PACE provides an alternative to traditional nursing facility care by offering pre-paid, capitated, comprehensive health care services designed to meet certain objectives.

PACE

- [PACE Webpage](#)
 - Michigan currently has [23 PACE centers](#)
 - [National PACE Webpage](#)
- [Eligibility Resources](#)

For most PACE participants (enrollees), the comprehensive service package permits them to continue living at home while receiving services rather than being institutionalized. Participants must meet the following criteria:

Medically qualified and meet Medicaid's LTC eligibility criteria

Live within the approved geographic area of the PACE organization

At least 55 years of age or older

Be able to live safely in the community (not residing in a nursing facility) at the time of enrollment

Not concurrently enrolled in the Medicaid MIChoice waiver

Not concurrently enrolled in a Health Maintenance Organization (HMO)

PACE Services

- [Medicaid Provider Manual, PACE Chapter](#)



MI Choice Waiver

Home and community-based services to elderly persons and persons with physical disabilities who meet the Michigan nursing facility level of care criteria.

MI Choice Waiver: Eligibility

- [MI Choice Waiver Webpage](#)
 - [MI Choice Waiver Documents and Provider Information](#)
- [Eligibility Resources](#)
- [Michigan Level of Care Determination Webpage](#)
- [Waiver Agencies](#)

The MI Choice program is available to persons who are either elderly (age 65 or older) or adults with disabilities aged 18 or older and meet the following eligibility criteria:



An applicant must establish their financial eligibility for Medicaid services.



Be categorically eligible for Medicaid as aged or disabled.



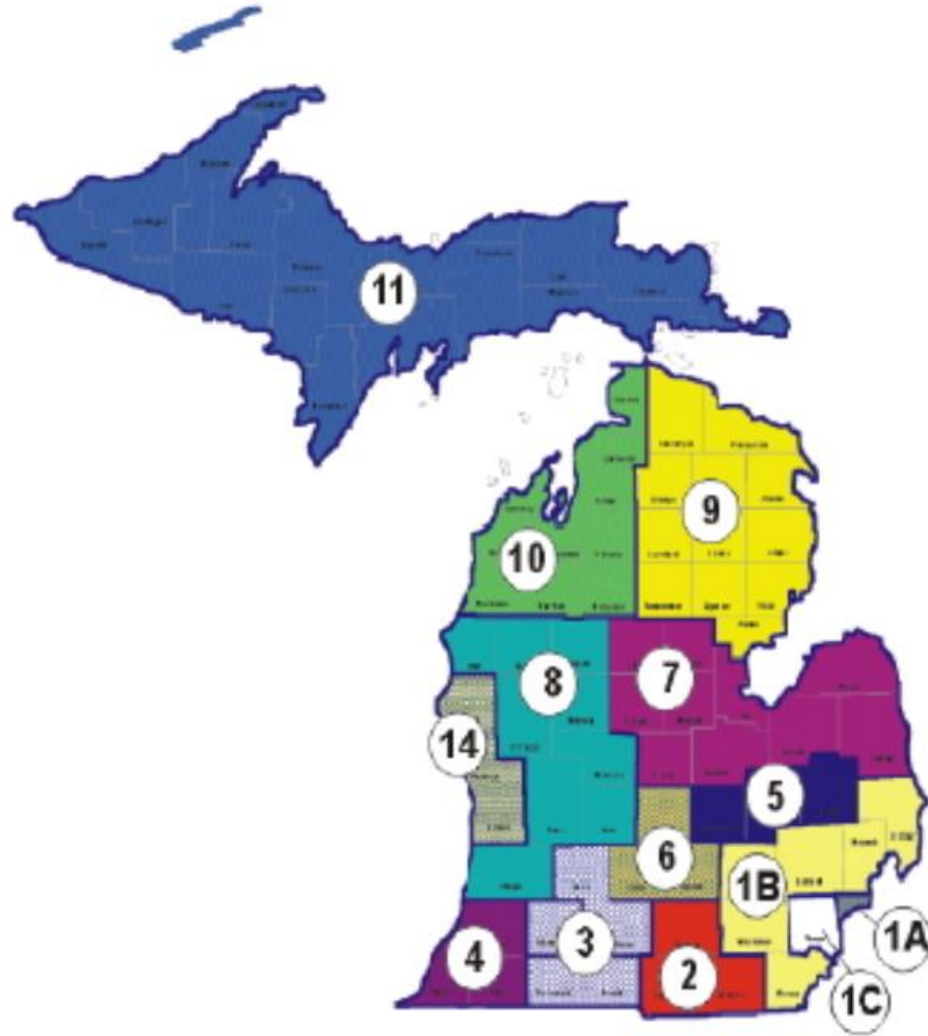
Meet functional eligibility requirements through the online version of the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD).



Requires at least two waiver services, one of which must be Supports Coordination, and that the service needs of the applicant cannot be fully met by existing State Plan or other services.

MI Choice: Limitations/Requirements

- The Waiver Agency Region Map and list of Waiver Agents below will make it easier to contact the MI Choice Waiver Agency in your community who can provide you with more information.
 - To identify the waiver agency in your community, see the [Waiver Agency Region Map](#).
 - After finding your region on the map, refer to the [List of Waiver Agents by Region](#).



MI Choice: Services

- Each participant can receive the basic services Michigan Medicaid covers, supports coordination, and one or more of the listed services in the waiver:
- [Medicaid Provider Manual, MI Choice Waiver Chapter](#)



Home Health

Medicaid benefit for beneficiaries whose conditions do not require continuous medical/nursing and related care but do require health services on an intermittent basis for the treatment of an injury, illness, or disability.

Home Health

- [Home Health Webpage](#)
- [Eligibility Resources](#)
- [Prior Authorization Resources](#)
- [Medicaid Provider Manual, Home Health Chapter Section 1.1,8,9,10](#)

- Medicaid benefit for beneficiaries whose conditions do not require continuous medical/nursing and related care but do require health services on an intermittent basis for the treatment of an injury, illness, or disability.
- The physician's order and Plan of Care (POC) must be only for functions that are within the scope of their current medical practice and Medicaid guidelines.
- Medicaid covered services may be provided in any setting in which normal life activities take place. 'Normal life activities' refers to activities that could occur in or out of an individual's home.



Community Transition Services (CTS)

Transition Services are non-reoccurring expenses necessary to enable an individual that is transitioning from a nursing facility or other institutional setting to the community to establish a basic household and does not constitute room and board.

CTS: Eligibility

- Individuals who have been approved to receive CTS must have an annual re-evaluation of their eligibility. This includes a re-evaluation of eligibility criteria as well as a re-assessment using the community transition assessment.
- [CTS webpage](#)
- [Eligibility Resources](#)
- [Medicaid Provider Manual, Community Transition Services Chapter](#)

To be eligible for CTS, beneficiaries must:

- Be eligible for Medicaid or have all the following:
 - a completed Michigan Medicaid application with all necessary verifications submitted to the local MDHHS office awaiting review;
 - reasonable assurance that local MDHHS office will likely approve the submitted application; and
 - application registration on Bridges as verified by MDHHS.
- Age 65 or older;
- Age 18 through 64 with a physical disability;
- Meet one of the following:
 - be at risk of inappropriate institutionalization due to being served in an institution but do not meet the level of care for that institution; or
 - indicate on the Freedom of Choice form that they no longer choose to receive long term services and supports in an institutional setting;
- Meet Needs-Based Criteria identified within the CTS Medicaid Provider Manual chapter and have at least one risk factor that cannot be addressed by standard institutional discharge procedures.

CTS: Limitations/Requirements

- Transition Services are offered by the agency including Area Agencies on Aging (AAA), Centers for Independent Living (CIL), and other qualified community-based organizations (CBO).
 - [Transition Agencies](#)
 - [Search Waiver Agencies](#)
 - [Michigan Center for Independent Living Directory](#)

Transition Services include:



Health and safety need such as pest removal, allergen control, and cleaning services.



Household needs such as furniture, window coverings, food preparation items, and linens.



Assistance with utility service initiation fees including telephone, electricity, heating, and water.



Various transition supports and services.

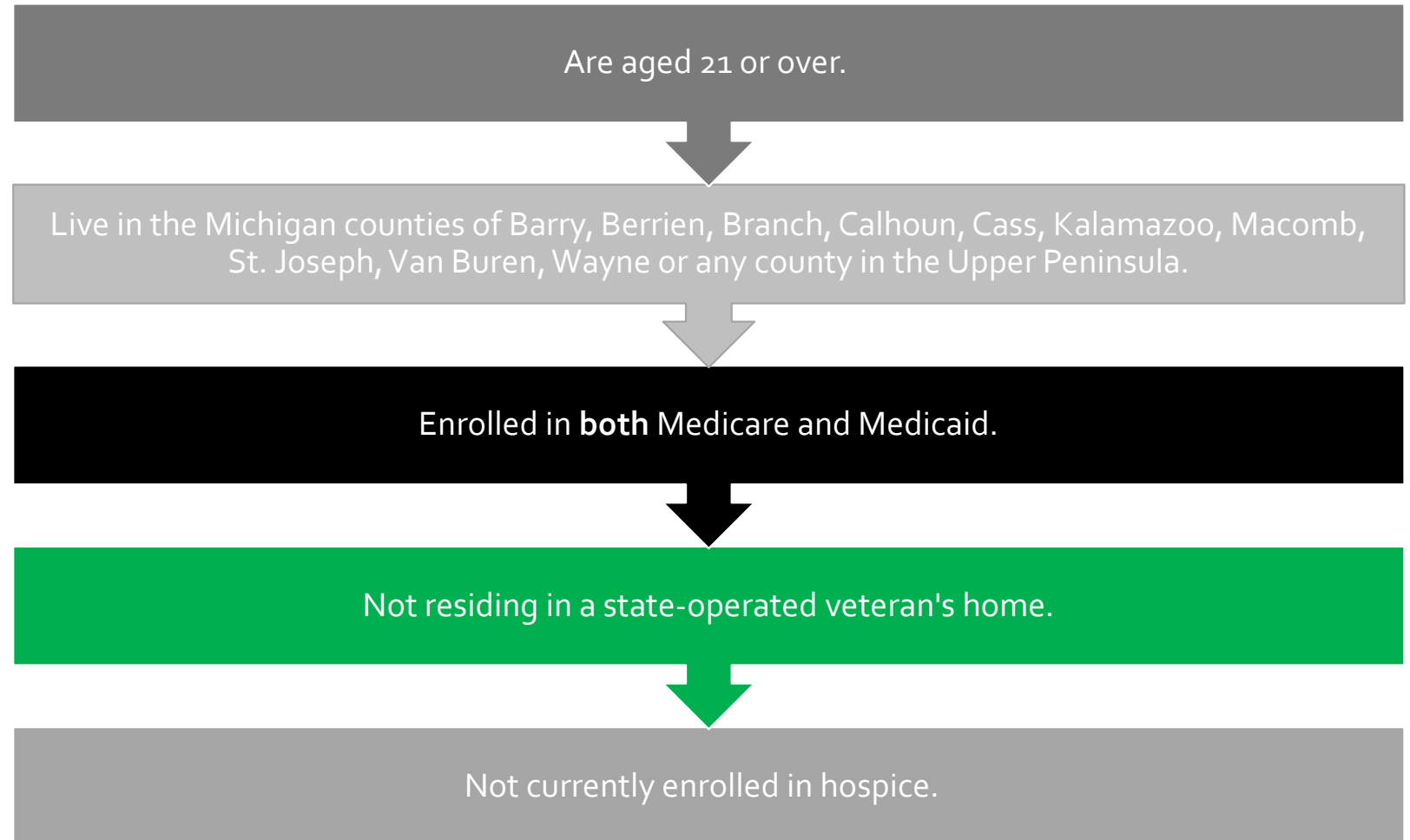
MI Health Link

This program integrates into a single coordinated delivery system all physical health care, pharmacy, long term supports and services, and behavioral health care for individuals who are dually eligible for full Medicare and full Medicaid.

MI Health Link

- [MI Health Link Webpage](#)
- [MI Health Link Information for Providers](#)
- [Eligibility Resources](#)

MI Health Link is a complete integrated health care program for Michigan residents that meet program requirements and that:



MI Health Link

- [ICO Contact List for Providers](#)
- [Medicaid Provider Manual, MI Health Link Chapter, Section 5 Covered Services](#)
 - This section includes a full list of supplemental, personal care, and HCBS waiver services.

MI Health Link offers the following services:

- Medicare covered services, including pharmacy
- Medicaid State Plan services, including personal care services and hearing aid coverage
- Dental services
 - Equivalent to the Medicaid adult dental benefit as described in the Dental Chapter of the Medicaid Provider Manual.
- Long Term Supports and Services (LTSS)
 - Nursing facility services
 - State Plan personal care services
 - Supplemental Services for individuals who live in the community and do not meet nursing facility level of care as determined by the LOCD.
 - MI Health Link HCBS Waiver services for individuals who live in the community and meet nursing facility level of care as determined by the LOCD
- Services provided through PIHPs for individuals' needs related to behavioral health (BH), intellectual/developmental disability (I/DD) and substance use disorders (SUD)

Home Help

Personal care services to eligible Medicaid beneficiaries who need hands-on assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

Home Help

- Home Help services eligible for Medicaid funding are limited to:
 - Hands-on assistance with ADLs, IADLs, and complex care tasks.
 - Contribution to the maintenance costs of a service animal.
- [Home Help webpage](#)
- [Medicaid Provider Manual, Home Help Chapter](#)
- [MDHHS - County Offices](#)

ADLs

Bathing

Dressing

Eating

Grooming

Mobility

Toileting

Transferring

IADLs

Laundry

Light Housework

Meal Preparation or clean up

Taking Medication

Shopping

Coronavirus (COVID-19)

Public Health
Emergency (PHE)

Visit Michigan.gov/COVIDVaccine
for the most recent information on
the vaccine in Michigan

Public Health Emergency (PHE)

- www.Michigan.gov/Coronavirus
- [MDHHS Epidemic Orders](#)
- [MDHHS Medicaid Policies](#)
- [Federal Public Health Emergency Declarations](#)
- [Provider alert discharge reminder notification](#)

- The Michigan Department of Health and Human Services (MDHHS) has issued many Medicaid Policy Bulletins and L-Letters which changed existing policy and processes under the guidance of the federal PHE. Policy bulletins and L-Letters issued as part of the PHE often indicate a change or return to the prior policy once the PHE has ended.
- In preparation for the PHE ending, providers are asked to:
 - Review current “[COVID-19 Response](#)” policies;
 - Be sure to [verify beneficiary eligibility](#) prior to services; and
 - Encourage beneficiaries to verify or update their contact information in [MIBridges](#). Those who are unable to update their information in MIBridges can contact the Beneficiary Help Line at 1-800-642-3195 (TTY: 1-866-501-5656).

As a reminder signing up for [ListServ](#) will give you the most up-to-date COVID-19 response information.

Coronavirus (COVID-19) Resources

MDHHS resources to keep providers informed about the Coronavirus (COVID-19) pandemic and the State of Michigan's response.

- Learn about our responses to Coronavirus (COVID-19) and find the latest program guidance. www.michigan.gov/coronavirus >> Resources >> For Health Professionals

Additional Information:

- [COVID-19 Response Database](#)
- [Telemedicine Database](#)
- [Actions for Caregivers of Older Adults During COVID-19](#) and supporting [Frequently Asked Questions \(FAQ\)](#) document
- [COVID-19 Response MSA Policy Bulletins](#)

Questions About COVID-19?

- [Visit our Frequently Asked Questions page](#)
 - Our most commonly answered questions can be found there and are updated often.
- Call the COVID-19 Hotline at 1-888-535-6136
- Email COVID19@michigan.gov

Learn about each phase of the [MI Safe Start Plan](#)

Provider Resources



MDHHS website:

www.michigan.gov/medicaidproviders



**We continue to update our
Provider Resources:**

[CHAMPS Resources](#)

[Listserv Instructions](#)

[Medicaid Provider Training Sessions](#)

[Provider Alerts](#)

[Provider Enrollment Website](#)



Provider Support:

ProviderSupport@Michigan.gov

1-800-292-2550



**Thank you for participating in the Michigan Medicaid
Program**